

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 047 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # P06000019637 1. Entity Name A M K I, INC | | | |
| Principal Place of Business 30 SW 8 AVE HALLANDALE, FL 33009 | | Mailing Address 30 SW 8 AVE HALLANDALE, FL 33009 | |
| 2. Principal Place of Business - No P.O. Box # 19668 N.W. 27 Ave Suite, Apt. #, etc. | | 3. Mailing Address 19668 N.W. 27 Ave Suite, Apt. #, etc. | |
| City & State Miami Gardens Zip 33056 Country USA | | City & State Miami Gardens Zip 33056 Country USA | |
| 4. FEI Number 56-2561916 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHREIBER, DARRYL S 5600 SHERIDAN ST HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AHMED, FARUK 30 SW 8 AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST AHMED, NUR J 30 SW 8 AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ALAM, MOHAMED 30 SW 8 AVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T, D Mohammed Suhel 518 N.E. 166 Street N. Miami FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u><i>Darryl Ahmed</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | <u>3-5-08</u> Date Daytime Phone # | |

ATTACHMENT

40051178

#P06000019637

A M K I, INC.
19668 N.W. 27 AVENUE
MIAMI GARDENS, FLORIDA 33056
PHONE: 305-405-6209

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FLORIDA 32302 - 1500

PLEASE CHANGE OUR FEI NUMBER WE WERE ISSUED TWO DIFFERENT
NUMBERS IN ERROR. THE CORRECT FEI NUMBER IS 90-0259260
SEE NOTICE WITH FEI NUMBER FROM THE INTERNAL REVENUE SERVICE
ATTACHED.

THANK YOU,

Faruk Ahmed

FARUK AHMED
PRESIDENT

P06000019637

04-06-2006 AMKI B 0423956136 SS-4

S-States

40051178

CP 575 A (Rev. 1-2006)

0423956136

90-0259260

A M K I INC
% FARUK AHMED PRESIDENT
30 SW 8TH AVE
HALLANDALE FL 33009